

ANTIDRUG PLAN GUIDANCE

**This guidance is for your retention. Please do not return it with your plan.
Please type or print plan data to minimize errors.**

1. Enter the company/operator's official name, address and telephone number. If the company/operator does business under another name, include that name as a d/b/a. If the company/operator has, or had, a previously approved plan, check the box and include the plan identification number (for example: B-SO-00000-S for single entities or E-GL-00000-U [B-GL-000] for consortium members).
2. The company/operator must designate an employee as the program manager and list that person's name. The program manager should sign the antidrug plan/alcohol certification statement. The FAA will consider the program manager the focal point for the program. If the program manager is covered by the antidrug/alcohol program and would be subject to random testing, the company/operator must make arrangements so that the program manager does not receive prior notification that he/she has been selected for testing.
3. Enter the type of operation and the operating certificate number, if any, issued to the company/operator by the FAA. If the company/operator holds more than one of these certificates, i.e. a part 121 certificate holder also holds a part 145 repair station certificate, list all of the certificate numbers. **Part 121** operators are commercial air carriers, such as American Airlines, Federal Express, etc. **Part 135** operators are also commercial air carriers, including commuters and air taxi services, such as Horizon Air, AMR Combs, etc. **Part 135.1(c)** are sightseeing operations originating and ending at the same airport and operating no more than 25 miles from that airport. **Part 145** operators are repair stations. An **ATC** facility is an air traffic control facility operating under contract to the FAA or to the community. Any other operator should be listed as "**contractor**."
4. The company/operator must indicate the number of safety-sensitive employees by the functional categories listed. The same employee should not be included in more than one functional category. Employee names, social security numbers, or other identifying data are **not** to be included.
5. & 6. The company/operator must ensure that any contract company's employees performing covered functions for it are included in an FAA-approved antidrug and an alcohol misuse prevention program. If a company/operator chooses to include a contractor, or other certificate holder, in its program, the company/operator assumes responsibility for all testing and training of the contractor's, or other certificate holder's, covered employees. List the name, address and certificate number (for example: Part 135/XXX1235) of any other company/operators that will also be covered under this plan and include the number of its employees identified by functional category. If section 5 does not provide sufficient space to list all the companies included in the plan, a separate sheet should be attached to the plan. If no contractors, or other certificate holders, are included, indicate "**none**" in the space provided for contractor name.
7. The medical review officer (MRO) must be either a medical doctor (M.D.) or a doctor of osteopathy (D.O.) who is knowledgeable in substance abuse issues.
8. The laboratory that will perform testing of the primary urine specimens must be Department of Health and Human Services (DHHS)-certified. A list of DHHS-certified labs is attached.

9. The DHHS-certified laboratory that, in the event of a verified positive test, will test the employee's split specimen must be different from the laboratory that tested the primary specimen. If the company/operator permits the employee to select any DHHS certified laboratory to test the split sample, check that box on the plan.
10. The specimen collection procedures must comply with the requirements of 49 CFR part 40. Blind performance testing procedures must be in conformance with 49 CFR part 40, which requires 3 blind samples per 100 specimens.
11. The EAP training program must comply with all requirements contained in 14 CFR part 121, appendices I and J. Details on the EAP requirements are attached.
12. All testing will be conducted in accordance with the requirements of 14 CFR part 121, appendix I and J, and 49 CFR part 40. Testing will include pre-employment, periodic, random, post-accident, reasonable cause/suspicion, return to duty, and follow-up. Details on the types of tests are attached. Employees will be tested only for the five prohibited drugs, marijuana, cocaine, opiates, PCP, amphetamines, and alcohol.
13. Each company/operator conducting an antidrug/alcohol misuse prevention program is responsible for collecting, reporting and securely retaining records related to the administration and results of its drug and alcohol programs. Employee drug/alcohol test results and rehabilitation information should be released by the company/operator or MRO only with the written consent of the individual involved, with the exceptions of the FAA and National Transportation Safety Board or as otherwise provided in 14 CFR part 121, appendices I and J, including the release of test results to State agencies.
14. Annual reports must be submitted to the FAA by all part 121 operators and all other company/operators with 50 or more covered employees as required by part 121, appendix I and J.

Certification

A company/operator official must sign and date the plan.

NOTE

The company/operator may not begin testing under this program until it has received FAA approval. Each company/operator should clearly separate drug/alcohol testing required by company policy from testing required by part 121 appendices I and J.

Please return the completed plan in **duplicate** to:

DRUG ABATEMENT DIVISION AAM-800
OFFICE OF AVIATION MEDICINE
FEDERAL AVIATION ADMINISTRATION
800 INDEPENDENCE AVE. SW
WASHINGTON DC 20591

**ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM
CERTIFICATION STATEMENT**

1. Company/Operator Name _____
d/b/a (if applicable) _____
Address _____
City _____ State _____ Zip _____
Telephone: (voice) _____ (fax) _____

☐ Previously approved plan identification number _____

2. Antidrug Program Manager: _____

3. Type of Operator:

	<u>FAA Certificate Number</u>
<input type="checkbox"/> Part 121.	_____
<input type="checkbox"/> Part 135.	_____
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A
<input type="checkbox"/> Part 145 (repair station).	_____
<input type="checkbox"/> ATC facility.	N/A
<input type="checkbox"/> Contractor.	N/A

4. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	=====		

FOR FAA USE ONLY

Plan Identification Number _____

APPROVED _____

Drug Abatement Division
Federal Aviation Administration

5. Contractors: Part 121, 135, and 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

6. Other Company/Operator Included in This Plan:

Name _____

Address _____

Certificate type and number _____

Other Company/Operator's Covered Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____
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Flight Attendant	_____	Aviation Screening	_____
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Flight Instructor	_____	Ground Security Coordinator	_____
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Aircraft Dispatcher	_____	Air Traffic Control	_____
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Total	<u> </u>		
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7. Medical Review Officer (MRO):

Name _____ ☐ M. D. ☐ D.O.

Address _____

City _____ State _____ Zip _____

Telephone Number (voice) _____ (fax) _____

The MRO will comply with the requirements of 49 CFR part 40 and 14 CFR part 121, appendix I.

8. DHHS-Certified Laboratory (PRIMARY):

Name _____

Address _____

City _____ State _____ Zip _____

9. DHHS-Certified Laboratory (SPLIT SPECIMEN):

Name _____

Address _____

City _____ State _____ Zip _____ **OR:**

- ☐ Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.

- 10. Specimen Collection Procedures:** The specimen collection procedures will comply with the requirements of 49 CFR part 40. Blind performance testing procedures must be in conformance with 49 CFR 40.31(d), which requires 3 blind samples per 100 specimens.
- 11. EAP Education and Training:** The EAP program will comply with the requirements of 14 CFR part 121 appendices I and J.
- 12. Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** Testing will be conducted in accordance with the requirements of 14 CFR part 121, appendices I and J, and 49 CFR part 40. Employees will be tested only for five prohibited drugs (marijuana, cocaine, opiates, PCP, amphetamines) and alcohol.
- 13. Record Keeping/Confidentiality:** Records will be maintained in accordance with the requirements of part 121 appendix I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in part 121, appendices I and J.
- 14. Reporting:** Annual reports of antidrug program and alcohol misuse prevention results will be provided to the FAA in accordance with the requirements of 14 CFR part 121 appendices I and J.

I certify that I am authorized to represent _____ in this matter, that the
(*company/operator name*)
information in this document is correct to the best of my knowledge and belief, and that

_____ will comply with the provisions of the FAA's antidrug and alcohol
(*company/operator name*)
misuse prevention program regulations and with the terms therein.

Signature _____ **Date** _____

Typed name _____ **Title** _____
(*company/operator ADPM name*)